



CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: Communications (November 10, 1994 through November 30, 1994)

MEETING DATE: December 7, 1994

PREPARED BY: City Clerk

RECOMMENDED ACTION: No action - information only.

BACKGROUND INFORMATION: A copy of an application for Alcoholic Beverage Control License has been received from the State of California Department of Alcoholic Beverage Control for the following:

- a) Paul K. Tsampis to Tanna H. Broussard, Central Valley Hofbrau, 28 North School Street, Lodi, On Sale Beer and Wine, Person to Person Transfer.

28 North School Street is zoned C-2, General Commercial. This is an appropriate zoning for this type of Alcoholic Beverage Control license.

FUNDING: None required.


Jennifer M. Perrin
City Clerk

JMP

Attachments

APPROVED _____

THOMAS A. PETERSON
City Manager





RECEIVED

NOV-9 AM 10:15

APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

TO:

Department of Alcoholic Beverage Control
31 East Channel Street, Room 168
P.O. Drawer 150
Stockton, CA 95201
(209) 948-7739

File Number.....302413

Receipt Number.....1009719

Geographical Code.....3902

Copies Mailed Date 11-7-94

Issued Date

DISTRICT SERVING LOCATION:

STOCKTON

Name of Business:

Location of Business:

Number and Street

City, State Zip Code

County

28 N SCHOOL ST

LODI CA 95240

SAN JOAQUIN

Is premise inside city limits?

Mailing Address:

(If different from
premise address)

28 N SCHOOL ST

LODI CA 95240

If premise licensed:

Type of license

Transferor's names/license:

TSAMPIS PAUL K 257193

License Type	Transaction Type	Fee Type	Master	Due	Date	Fee
1. 41 ON-SALE BEER AND W	PERSON TO PERSON TRANS	NA	YES	0	NOV 07,1994	\$150.00 :
2. 41 ON-SALE BEER AND W	ANNUAL FEE	NA	YES	0	NOV 07,1994	\$205.00 :
3. 30 TEMPORARY RETAIL P	TEMPORARY PERMIT	NA	YES	0	NOV 07,1994	\$100.00 :
4. NA NO LICENSE TYPE	STATE FINGERPRINTS	NA	YES	0	NOV 07,1994	\$39.00 :
TOTAL						\$494.00

Have you ever been
convicted of a felony? NOHave you ever violated any provisions of the Alcoholic Beverage Control
Control Act, or regulations of the department pertaining to the Act? NO

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA

County of SAN JOAQUIN

Date NOV 07, 1994

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)

Applicant Signature(s)

BROUSSARD TANNA H

Tanna H Broussard

LICENSE ACTION REQUEST

STATE OF CALIFORNIA
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

1. NAME Paul K. Tsampis	2. ABC LICENSE NUMBER 41-257193
3. DBA Central Valley Hofbrau	4. DISTRICT OFFICE Stockton
5. PREMISES ADDRESS 28 N. School St., Lodi, CA	CITY AND ZIP
6. LICENSE ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICATION TO TRANSFER LICENSE

7. Transfer to: Tanna Broussard

Under penalty of perjury, each person whose signature appears below certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Name(s) of Licensee(s)	Signature(s) of Licensee(s)	Name(s) of Licensee(s)	Signature(s) of Licensee(s)
a Paul K. Tsampis		d	
b		e	
c		f	

CANCELLATION ☐ Immediately ☐ Upon Issuance ☐ Other: _____

I voluntarily cancel my license because I am no longer in business. I understand my license cannot be reactivated or reinstated.

8. DATE CLOSED	9. SIGNATURE X	10. DATE	11. HOME TELEPHONE NUMBER ()
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SURRENDER - Rule 65 ☐ Immediately ☐ Upon Issuance ☐ Other: _____

I voluntarily surrender my license for a period of not more than one year. I intend to ☐ Transfer ☐ Reactivate the license.

I understand that the license must be renewed at the time renewal fees are due or the license will be automatically revoked. I further understand that the Department will proceed to automatically cancel my license at the expiration of the one-year period if not transferred or reactivated.

13. DATE CLOSED	14. SIGNATURE X	15. DATE	16. HOME TELEPHONE NUMBER ()
12. MAILING ADDRESS			

REQUEST FOR SURRENDER OF RETAIL LICENSE FOR TEMPORARY PERMIT

UNDER SECTION 24045.5(b) OF THE ALCOHOLIC BEVERAGE CONTROL ACT

17. SURRENDER DATE 11-7-94	18. TEMPORARY PERMIT NUMBER 1009719	19. EFFECTIVE DATE 11-12-94	20. EXPIRATION DATE 3-12-94
21. TRANSFEREE <u>Tanna Broussard</u>			

Important Notice to Licensee

All licenses surrendered will be automatically revoked if the renewal fees are not paid. Any change of mailing address shall be reported to the District Office. The surrendered license will be automatically cancelled upon transfer to the temporary permittee. If the transfer application is denied or withdrawn:

- (a) If the transferor intends to resume operation of the licensed business he must request the return of the surrendered license and establish that there has been no change in the ownership or the qualifications of the licensed premises.
- (b) If the transferor does not intend to resume operation of the licensed business and does not request return of the surrendered license then the Department will proceed to hold the license under the provisions of Rule 65. The effective date of Rule 65 surrender will be the date of application, denial, or withdrawal.

APPLICATION FOR:

- ☒ Temporary Retail Permit ☐ Duplicate License: _____ ☐ Manager
- ☐ Caterer's Permit ☐ 09 Importer's License NAME: _____
- ☐ Controlled Access Cabinet ☐ 12 Importer's License ☐ Food Lessee
- ☐ Portable Bar License ☐ Private Warehouse NAME: _____

22. I/we have read the foregoing and know the contents thereof. SIGNATURE:	23. TELEPHONE NUMBER 209) 368-2822	24. DATE 11/07/94
25. MAILING ADDRESS		

FOR DEPARTMENT USE ONLY ☐ Premises Abandoned ☐ Letter Attached Requesting Surrender or Cancellation ☐ Other: _____